

Sudden Infant Death Syndrome

Sudden death of infant where thorough postmortem fails to reveal cause

SIDS

- **Incidence**

- **2 to 3 deaths/1000 live births**
- **#1 cause of death 1 week to 1 year**
- **90% occur at 1 month to 6 months**
- **Rare in first few weeks of life**

SIDS

- **More common in**
 - **Winter**
 - **Males**
 - **Young mothers**
 - **Low birth weight infants**
 - **Multiple birth**

SIDS

- **More common in**
 - **Lower socioeconomic groups**
 - **Blacks, Native Americans**
 - **Maternal drug/cigarette use**

SIDS

- **50% have history of “cold” in week before death**

SIDS

- **May be due to:**
 - **Chronic hypoxia**
 - **Sleep apnea**
 - **Pharyngeal obstruction during sleep**
 - **Increased CO₂ levels in microenvironment created by infants sleeping in prone position**

SIDS

- **SIDS is NOT**
 - **External suffocation**
 - **Result of aspiration**
 - **Child abuse**
 - **Hereditary**
 - **Caused by cow milk allergy**

SIDS

- **Cause unknown**
- **Cannot be predicted/prevented**
- **Always fatal**

SIDS

- **Assessment**
 - **Normal nutrition/hydration**
 - **Fluid in/around mouth nostrils; may be blood-tinged**
 - **Livor mortis/rigor mortis**
 - **Rumpled bed clothes**
 - **“Squashed nose” appearance**

SIDS

- **Management**
 - **Appropriate care for infant**
 - **Support for family**
 - **Crisis intervention for EMS personnel**

SIDS

- **Management**
 - **Aggressive resuscitation unless signs of irreversible death present**
 - ◆ **Parental reaction**
 - ◆ **Agency policy**
 - **True SIDS cannot be resuscitated**

SIDS

- **Management**
 - **Support for parents/siblings**
 - ◆ **Ask for, use infant's name**
 - ◆ **Calm, authoritative manner**
 - ◆ **Structured information**
 - ◆ **Stress that nothing could have done to prevent event**

SIDS

- **Management**
 - **Support for parents/siblings**
 - ◆ **Expect grief reactions**
 - ◆ **Act as advocate for family**

SIDS

- **Management**

- **Crisis intervention for EMS personnel**

- ◆ **Acknowledge impact**

- ◆ **Prepare through training**

- ◆ **Know your limits**

- ◆ **Use CISM team if needed**

Child Abuse

Child Abuse

- **Abuse**
 - **Physical, emotional, sexual maltreatment of child resulting from acts of omission or commission by parent, guardian, or other caretaker**

Child Abuse

- **Neglect**
 - **Failure to provide for child's needs although support sources available**

Child Abuse

- **1,000,000 cases/year**
- **4,000 fatalities**
- **10% of trauma < 3 y.o. seen in ERs**
- **All social, economic, religious, ethnic groups**

Child Abuse

- **Contributing Factors: Child**
 - **“Different”**: handicapped, hyperactive, precocious
 - **Male > Female 2:1**
 - **Small enough to be unlikely to retaliate**
 - **2/3 < 3 years old**

Child Abuse

- **Contributing Factors: Abuser**
 - Often abused themselves as children
 - Lonely, unhappy, under stress
 - Lack of understanding of normal child development

Child Abuse

- **Contributing Factors: Lack of Support**
 - **Spouse often non-supportive**
 - **Extended family support unavailable**

Child Abuse

- **Contributing Factors: Crisis**
 - **Poverty**
 - **Job loss**
 - **Marital conflict**
 - **Illness producing uncontrollable crying**

Indicators of Abuse

- **Multiple or repeated injuries**
 - Unusual variety
 - Different stages of healing
 - Unusual locations

Indicators of Abuse

- **Inconsistency of injury with:**
 - **Reported mechanism**
 - **History**
 - **Developmental abilities**

Indicators of Abuse

- **History changes on retelling**
- **Multiple ER visits, EMS contacts**

Indicators of Abuse

- **Inappropriate parental response**
 - Prolonged delay in seeking help
 - Parent hostile, indifferent, apathetic
 - Person other than caretaker brings child in

Indicators of Abuse

- **Malnutrition**
- **Poor hygiene**
- **Inappropriate dress**

Indicators of Abuse

- **Child is:**
 - **Apathetic**
 - **Unusually stoic**
 - **Extremely fearful of adults**
 - **Unusually loving or cooperative**

Child Abuse

- **Management**
 - **Get child out of abusing environment**
 - **Report suspicious to ER physician**
 - **Document thoroughly**
 - **Reporting is mandatory**
 - **Civil immunity if report in good faith**

SIDS vs Child Abuse/Neglect

- **SIDS victim**
 - No external signs of injury
 - “Normal” post-mortem changes
 - Other siblings appear healthy
 - History of child being well when put to sleep

SIDS vs Child Abuse/Neglect

- **Abuse/Neglect Victim**
 - Visible signs of injury
 - May appear malnourished
 - Siblings may show signs of abuse, neglect
 - Story is evasive, does not sound right

Pediatric Critical Incident Stress

Pediatric CIS

- **Death of child**
- **Prolonged rescue, especially if child dies**
- **Child abuse**
- **Mutilation**
- **Intense media coverage**
- **Identification with victim**

Acute CIS Reaction

- **Physical:**

- **Fatigue**
- **Chills**
- **Nausea**
- **Dizziness**
- **Tremors**
- **Shock symptoms**
- **Sweating**

Acute CIS Reaction

- **Cognitive**

- **memory loss**
- **decision-making difficulty**
- **concentration lapses**
- **difficulty setting priorities**
- **dysnomia**
- **dyscalcula**

Acute CIS Reaction

- **Emotional**

- anxiety
- fear
- hopelessness
- grief
- anger
- irritability
- depression

Acute CIS Reaction

- 85% occur in first 24 hours
- 50% last 3 weeks or longer

Pediatric CIS

**Untreated reactions can
progress to
Post Traumatic Stress Disorder**

Pediatric CIS

- **During emergency**
 - Warn incoming crews
 - Maintain proficiency; confidence reduces stress
 - Get people having reactions off scene
 - Accept limitations
 - Use breathing control

Pediatric CIS

- **Following emergency**
 - **Defuse as early as possible**
 - **Debriefings within 24 to 72 hours**
 - **Physical exercise reduces stress**
 - **Avoid sugar, caffeine**
 - **It's OK to cry**
 - **Take care of spouses/families too**